Fill in this informa	ation to identify your case:	
Debtor 1	Sonya Singer	
Debtor 2 (Spouse, if filing)		
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number (If known)	22-10867	Check if this is:
		An amended filing
		 A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY
		, ==,

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
If you have more than one job,	Franciscon and adaptive	■ Employed	■ Employed			
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			
employers.	Occupation	Sales - PT	Prescription Rep.			
Include part-time, seasonal, or self-employed work.	Employer's name	David's Vacuums	CVS Health			
Occupation may include student or homemaker, if it applies.	Employer's address	5104 N Lockwood Ridge Rd. Suite 201 Sarasota, FL 34234	1 CVS Drive Woonsocket, RI 02895			
	How long employed the	here? 2 years	1 year			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,482.13 397.51 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 397.51 3.482.13

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Deb	tor 1	Sonya Singer	_	C	Case number (if known)	22-	10867		
	Cop	by line 4 here	4.		For Debtor 1 \$		or Debtor on-filing s 3,		
5.	l ist	all payroll deductions:							
J.	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 41.53	\$		531.02	
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.00			0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$		174.11	_
	5d.	Required repayments of retirement fund loans	5d		\$ 0.00	\$		0.00	-
	5e.	Insurance	5e		\$ 0.00	\$		564.09	-
	5f.	Domestic support obligations	5f.		\$ 0.00	. \$_		0.00	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.		\$ 0.00 \$ 0.00	* + * * * * * * * * * * * * * * * * * *		0.00	_
6			_		·	· :-			-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 41.53	. \$_		269.22	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 355.98	. \$_	2,	212.91	-
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
	01	monthly net income.	8a		\$ 0.00	. \$_		0.00	-
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	-	\$. \$_		0.00	-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.00	\$_		0.00	-
	8d.	and the same	8d		\$ 0.00	. \$_		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e		\$ 1,832.00	. \$_		0.00	-
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g		\$ 0.00	\$_		0.00	-
	8h.	Other monthly income. Specify: Money from inheritance	8h	.+	\$ <u>0.00</u> \$ 171.00	. + \$ __ 	2,	100.00	_
		2020 Tax Refund pro rata	_	_	\$ 171.00	Φ_		0.00	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,003.00	\$_	2	2,100.00	D
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,358.98 + \$	4	,312.91	= \$	6,671.89
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			_,;;;;;		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,
11.	Incl othe Do	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe		•	•			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certallies						\$	6,671.89
							·	Combin	
13.	Do	you expect an increase or decrease within the year after you file this form	1?					monthl	y income
		Yes. Explain: Debtor is currently in treatment for medical heal	th an	nd r	due to this work	hour	s are lin	nited	
	_	. Done is daniently in troutinont for incultar floar			, 11 O i N		- 4. 5		

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